

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.:

10829454

FILING DATE
4/22/04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6	1					
7						
8						
9						
10						
11						
12		3				
13		3				
14		3				
15	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	20	←	→			
TOTAL CLAIMS	24	←	→	→		

AMOUNT	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						